



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Stripe et al. Examiner: Swope, Sheridan
Serial No.: 10/758,902 Group Art Unit: 1652
Filed: January 16, 2004 Docket: 294-294
Confirmation No: 7360 Dated: PCT/US/CON/RCE
July 7, 2008
For: TYPE-1 RIBOSOME-
INACTIVATING PROTEIN

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Applicants hereby appeal to the Board from the decision of the Primary Examiner,
mailed January 8, 2008, finally rejecting Claims 11-20, 27, 30, 32 and 36-48.

The item(s) checked below are appropriate:

1. STATUS OF APPLICANT

This application is on behalf of

☒ other than a small entity.
☐ small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8a)

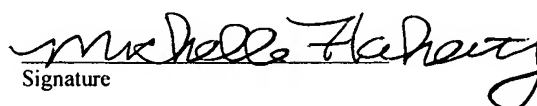
I hereby certify that this correspondence is, on the date shown below, being:

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postage as first class mail in an envelope addressed to the
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FACSIMILE

☐ Transmitted by facsimile to the
Patent and Trademark Office


Signature

Date: July 7, 2008

Michelle Flaherty

07/09/2008 RHEBRAHT 00000040 082461 10758902

02 FC:1401 510.00 DA

2. **FEE FOR FILING NOTICE OF APPEAL**

Pursuant to 37 CFR 41.20(b)(1), the fee for filing the Notice of Appeal is:

<input type="checkbox"/>	small entity	\$255.00
<input checked="" type="checkbox"/>	other than small entity	\$510.00

Notice of Appeal fee due **\$510.00**

3. **EXTENSION OF TERM**

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(complete (A) or (B), as applicable)

- (A) ☒ Applicants petition for an extension of time under 37 CFR 1.136 for the total number of months checked below (fees: 37 CFR 1.17(a)-(d)):

	<u>Extension (months)</u>	<u>Fee for Other than Small Entity</u>	<u>Fee for Small Entity</u>
<input type="checkbox"/>	one month	\$ 120.00	\$ 60.00
<input type="checkbox"/>	two months	\$ 460.00	\$ 230.00
<input checked="" type="checkbox"/>	three months	\$ 1,050.00	\$ 525.00
<input type="checkbox"/>	four months	\$1,640.00	\$ 820.00

Fee due for indicated extension **\$1050.00**

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for ___ months has already been secured. The fee paid therefor of \$___ is deducted from the total fee due for the total months of extension now requested.

- (B) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

4. **TOTAL FEE DUE**

The total fee due is:

Notice of Appeal fee	\$ <u>510.00</u>
Extension fee (if any)	\$ <u>1050.00</u>

TOTAL FEE DUE \$ 1560.00

5. **FEE PAYMENT**

☐ Attached is a check in the sum of \$ ____.

☒ Charge Account No. 08-2461 the sum of **\$ 1560.00**

A duplicate of this transmittal is attached.

6. **FEE DEFICIENCY**

☒ If any additional extension and/or fee is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

AND/OR

☒ If any additional fee for claims is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

Respectfully submitted,



Lauren T. Emr
Registration No. 46,139
Attorney for Applicants

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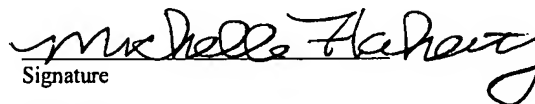
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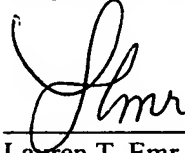
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